

Department of Mental Health, Mental Retardation and Substance Abuse Services
Office of Mental Retardation

SLOT CHANGE/NEW ASSIGNMENT FAX COVER

To: OMR
Vivian Stevenson
(804) 786-8626 (fax)
(804) 786-9853 (phone)

Please indicate type of submission:

- ☐ Enrollment into Waiver ☐ **MR** ☐ **DS**
☐ Discharge from all Waiver Services ☐ **MR** ☐ **DS**
☐ Interruption of Waiver Services ☐ **MR** ☐ **DS**
☐ Restart of Waiver Services ☐ **MR** ☐ **DS**

CSB

Date

CSB Contact

Phone

Individual's Name

Fax

ENROLLMENT: *Please verify the following:*

- ☐ Signed Recipient Choice form is **included with this request**

OR

- ☐ Signed Recipient Choice form was previously submitted for placement on the Statewide Waiting List

AND

- ☐ Enrollment Request Form (05/2005) is **included with this request**

***LEVEL OF FUNCTIONING SURVEY, FROM WHICH THE RESULTS MUST BE ENTERED ON THE ENROLLMENT REQUEST FORM, MUST HAVE BEEN COMPLETED WITHIN THE PAST 6 MONTHS**

This individual meets the urgent criteria in the categories checked here: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6a ☐ 6b

For MR Waiver enrollment only:

- ☐ New Slot from CSB's FY 08 Allocation

- ☐ Facility Slot from FY 05 Allocation

- ☐ Facility Slot from FY 07 Allocation

- ☐ New Children's Slot from CSB's FY 07 Allocation

- ☐ Facility Slot from FY 08 Allocation

OR

Name of the individual *discharged* from the MR Waiver whose slot is to be used for this enrollment:

- ☐ A DMAS-122 for the individual vacating the slot (**with date and reason**) is **included with this request**.

- ☐ **The individual discharged from this MR Waiver slot has been issued appeal rights; is not appealing or the appeal timeframes have been exhausted.**

DISCHARGE FROM WAIVER, INTERRUPTION OR RESTART OF SERVICES

- ☐ 1. Request to discharge individual from all MR Waiver services and reassign slot immediately or no longer than 90 days from today (Dated DMAS-122 attached). **Check reason for discharge:**

- ☐ Moved to Nursing Facility/ICF/MR/out of state

- ☐ No longer meets LOF criteria

- ☐ Refused services

- ☐ Deceased

- ☐ No longer meets diagnostic criteria

Individual discharged has been issued appeal rights and individual is not appealing or appeal timeframes have been exhausted.

- ☐ 2. Request to discharge individual from the **[CHECK ONE]** ____ DS Waiver ____ FY07 MRW Children's slot
____ MRW facility slot occupied less than 24 mos.

and return slot to OMR Central Office to be reassigned (Dated DMAS-122 attached). **Check reason for discharge:**

- ☐ Moved to Nursing Facility/ICF/MR/out of state

- ☐ No longer meets LOF criteria

- ☐ Refused services

- ☐ Deceased

- ☐ No longer meets diagnostic criteria

Individual discharged has been issued appeal rights and individual is not appealing or appeal timeframes have been exhausted.

- ☐ 3. Services not restarted within 60 days of interruption. (Dated DMAS-122 with reason attached)

- ☐ 4. Temporary stay in ICF/MR, NF, Psychiatric Hospital or Rehab Hospital (Dated DMAS-122 with reason attached)

- ☐ 5. Temporary loss of Medicaid eligibility (Dated DMAS-122 with reason attached)

- ☐ 6. Request to restart services following interruption OR temporary stay in ICF-MR, NF, Psychiatric Hospital or Rehab Hospital (Dated DMAS-122 with reason attached)

- ☐ 7. Restart services following temporary loss of Medicaid eligibility (Enrollment Request attached)

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